

Registration District No. **475**

Primary Registration District No. **5639**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2 yrs years, months or days)

3. (a) PRINT FULL NAME Reese M. Burke

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel Burke 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 18 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 29 hr. min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Pink Burke
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Fleetie Lanford
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rachel Burke
(b) Address Verona Mo.
17. (a) Burial (b) Date thereof 1/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osa Cemetery

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) 1/19/41 (b) J. F. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Verona
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1941 hour 5 minute 30P. M.

21. I hereby certify that I attended the deceased from January 17, 1941 to January 17, 1941
that I last saw him alive on January 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with heart failure
Duration 2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 426
(Specify type of place) While at work? (e) Means of injury _____

23. Signature Dr. Kenneth L. Kelley (M. D. or other) 0
Address 16 E. Leland St. Aurora Mo. Date signed 1/18/41

RECEIVED

District Health Officer No. 6,

District File Number 241-283

Date Filed FEB 12 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Herman M. Swartz

Licensed Embalmer No. 3072

P. O. Address Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.